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Date of Deposit <u>July 23, 1998</u>	Label Number: <u>EH858744049US</u>
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)	
Attorney Docket Number	06132/033003
Applicant	Chambers et al.
Title	CHIMERIC FLAVIVIRUS VACCINES
PRIORITY INFORMATION:	
<p>This application is a continuation-in-part of and claims priority from PCT/US98/03894, filed on March 2, 1998, which is a continuation-in-part of U.S. Serial No. 09/007,664, filed on January 15, 1998, which is a continuation-in-part of U.S. Serial No. 08/807,445, filed on February 28, 1997.</p>	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	72 pages
Claims	6 pages
Abstract	1 pages
Sequence Appendices	13 pages
Drawing	19 pages
<p>Combined Declaration and POA, which is:</p> <p><input checked="" type="checkbox"/> Unsigned;</p> <p><input type="checkbox"/> Newly signed for this application;</p> <p><input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.</p>	2 pages
Statement Deleting Inventors	0 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 pages

Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	1 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$395	\$395.00
Excess Claims Fee: 29 - 20 x \$11	\$99.00
Excess Independent Claims Fee: 4 - 3 x \$41	\$41.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$535.00
<input checked="" type="checkbox"/> Enclosed is a check for \$535.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<div style="display: flex; justify-content: space-between;"> <div>  Signature <u>Susan M. Michaud</u> Reg. No. P-42,885 </div> <div> <u>July 21, 1998</u> Date </div> </div>	